


## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	JOYSTICK CONTROLLED SCRUBBER		
Application Type : regular, utility Attorney Docket Number : 718220.171			
Correspondence address: Customer Number: 27128 			
<b>Inventors Information:</b>  <u>Inventor 1:</u> <b>Applicant Authority Type:</b> Inventor <b>Citizenship:</b> US <b>Given Name:</b> Trent <b>Middle Name:</b> A. <b>Family Name:</b> Fulgham <b>Residence:</b> <b>City of Residence:</b> Fayetteville <b>State of Residence:</b> AR <b>Country of Residence:</b> US <b>Address-1 of Mailing Address:</b> 4043 Howard Porter Rd. <b>Address-2 of Mailing Address:</b> <b>City of Mailing Address:</b> Fayetteville <b>State of Mailing Address:</b> AR <b>Postal Code of Mailing Address:</b> 72764 <b>Country of Mailing Address:</b> US <b>Phone:</b> <b>Fax:</b> <b>E-mail:</b>  <u>Inventor 2:</u> <b>Applicant Authority Type:</b> Inventor <b>Citizenship:</b> US <b>Given Name:</b> Emert <b>Middle Name:</b> R.			

**Family Name:** Whitaker  
**Residence:**  
**City of Residence:** Siloam Springs  
**State of Residence:** AR  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 309 Lacy  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Siloam Springs  
**State of Mailing Address:** AR  
**Postal Code of Mailing Address:** 72761  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Attorney Information:**

practitioner(s) at Customer Number:  
27128



as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

**Publication Information:**  
**Suggested Figure for Publication - Fig. 1**  
**Suggested Classification -**  
**Suggested Technology Center -**  
**Total Number of Drawing Sheets - 6**

**Assignee 1:**

**Organization Name:** Alto U.S. Inc.  
**Address-1 of Mailing Address:** 16253 Swingley Ridge Road  
**Address-2 of Mailing Address:** Suite 200  
**City of Mailing Address:** Chesterfield  
**State of Mailing Address:** MO  
**Postal Code of Mailing Address:** 63017  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**